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CONFIRMATION NO. 9373

<b>SERIAL NUMBER</b> 10/796,288	<b>FILING OR 371(c) DATE</b> 03/10/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1657	<b>ATTORNEY DOCKET NO.</b> 40970-0002	
<b>APPLICANTS</b> Marlene M. Darfler, Derwood, MD; David B. Krizman, Gaithersburg, MD;  <b>** CONTINUING DATA *****</b> <i>OKAY CDP</i> This appln claims benefit of 60/452,956 03/10/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>NONE CDP</i>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 05/31/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Ch. B. KC CDP</i> Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 61263					
<b>TITLE</b> Liquid tissue preparation from histopathologically processed biological samples, tissues and cells					
<b>FILING FEE RECEIVED</b> 631	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		